

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90299 003 ****50.00

DOCUMENT # L04000015751 1. Entity Name LEADING EDGE TITLE PARTNERS, LLC					
Principal Place of Business 960 S. ORLANDO AVENUE WINTER PARK, FL 32789			Mailing Address P.O. BOX 1689 WINTER PARK, FL 32790-1689		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">40096380</div> <div style="margin-top: 10px;"> 04202006 Chg-LLC CR2E083 (11/05) </div>	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 20-0784433				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent ACKER, R. LEE 954 S. ORLANDO AVENUE WINTER PARK, FL 32789	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO ACKER, R. LEE JR 954 S. ORLANDO AVENUE WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SETR ACKER, RONALD L SR 954 S ORLANDO AVE WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ACKER, KEVIN K 954 S ORLANDO AVE WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;">Delete</div>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;">Delete</div>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;">Delete</div>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager R. Lee Acker, Jr. 954 S. Orlando Ave Winter Park, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;">Delete</div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;">Delete</div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;">Delete</div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____		6-2-06		407-644-2777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					